

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

10/069902

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52		/				/
3		/					53	/					/
4		/					54		/				/
5		/					55		/				/
6		/					56		/			/	
7		/					57		/			/	
8		/					58		/			/	
9		/					59		/			/	
10		/					60		/			/	
11		/					61		/			/	
12		/					62		/			/	
13		/					63		/			/	
14		/					64		/			/	
15		/					65		/			/	
16		/					66		/			/	
17		/					67	/				/	
18		/					68		/			/	
19		/					69		/			/	
20		/					70		/			/	
21	/						71		/			/	
22		/					72		/			/	
23	/						73		/			/	
24		/					74		/			/	
25		/					75		/			/	
26		/					76		/			/	
27	/						77		/			/	
28		/					78		/			/	
29		/					79		/			/	
30		/					80		/			/	
31		/					81		/			/	
32		/					82		/			/	
33		/					83		/			/	
34		/					84		/			/	
35		/					85		/			/	
36		/					86	/				/	
37		/					87		/			/	
38		/					88		/			/	
39		/					89		/			/	
40		/					90		/			/	
41		/					91		/			/	
42		/					92		/			/	
43		/					93		/			/	
44		/					94		/			/	
45		/					95		/			/	
46	/						96		/			/	
47		/					97		/			/	
48		/					98		/			/	
49		/					99		/			/	
50		/					100		/			/	
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						